

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

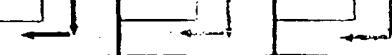
SERIAL NO.

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND.



TOTAL

DEP.

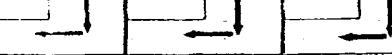
TOTAL

CLAMS

CLAIMS

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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59						
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TOTAL IND.



TOTAL

DEP.

TOTAL

CLAMS